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Adult Children of Alcoholcs: an Exploration of the Narratives They Share

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ADULT CHILDREN OF ALCOHOLICS: AN EXPLORATION OF THE NARRATIVES

THEY SHARE

TRISTIN L. EVANS

66 Pages

Framed by Communicated Narrative Sense-Making Theory, this thesis project explored the stories that adult children of alcoholics shared regarding their experiences with their alcoholic parents. More specifically, narration about being an adult child of an alcoholic was explored alongside measures of individual coping and resilience. Thematic narrative analysis of interviews ($n = 9$) illuminated two main story types: distance due to alcoholism ($n = 5$) and closeness despite (history with) alcoholism ($n = 4$).

KEYWORDS: Communicated Narrative Sense-Making Theory; children of alcoholics; adult children of alcoholics; family communication; narratives

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CHAPTER I: REVIEW OF LITERATURE

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) data collected from 2009-2014, about one in ten children live in a household with at least one parent who suffers from an alcohol use disorder (e.g., alcoholism) (Lipari & Van Horn, 2017). About 7.5 million children under the age of 17 live in a household with a parent who suffers from alcoholism, and six million children under the age of 17 live with two parents who suffer from alcoholism (Lipari & Van Horn, 2017). Alcoholism is clearly an issue in many family units. Alcoholism is defined by the U.S. Department of Health and Human Services (2020) as "a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences" (p. 1). Indeed, Haverfield and colleagues (2016) describe alcoholism as a family disease, meaning all family members are impacted due to the illness.

Overall, families of alcoholics may not fit the traditional roles and benefits that families free of substance (ab)use do; therefore, families of alcoholics need to be explored more. Prior research has explored the bright side of family relationships (i.e., the benefits of family relationships), with the benefits of the bright side of families clearly established. However, the dark side of families (i.e., the dysfunctional, repulsive, abnormal, and unattractive side of families) (Perlman & Carcedo, 2011) and the implications of the negative behaviors that result in dark sided families have not been as well established. Past studies have however found that within the dysfunctional families of alcoholics, adult children of alcoholics experience numerous negative outcomes because of their experience with their alcoholic parent (Hall & Webster, 2007; Haverfield et al., 2016; Kelley et al., 2010). One way that adult children of alcoholics might make sense of their experiences with their alcoholic parents is through storytelling.

Riessman (2008) posits that it is natural for human beings to tell stories to make sense of their experiences. They discuss that stories that are shared orally or in a written manner, both methods of communication, making storytelling a communicative act. Therefore, the present study explores the various story-types adult children of alcoholics share and how story narration helps individuals cope and be more resilient.

Families of alcoholics, and specifically adult children of alcoholics, face difficulties in their lives that children in families that do not experience disruptive or dysfunctional behaviors may not encounter. The following literature review will provide an understanding of some of the disruptions and challenges adult children of alcoholics' face, I will first present the dynamics of (alcoholic) families. Then I will discuss the impacts alcoholic parents have on adult children psychologically and socially, and the different roles children of alcoholics take on. I will then discuss aspects of resiliency and how coping may be an aspect of the development of resiliency. Lastly, I will discuss the narrative framework and specifically the driving theory of this study, Communicated Narrative Sense-Making Theory.

Overview of Family

Families have been defined many different ways. Baxter (2014) discusses how family has commonly been defined using three different approaches: structural, psychosocial, and transactional. The structural approach is focused on biological connection of the family. The psychosocial task approach is focused on each family members' ability to perform certain tasks. Finally, the transactional approach is focused on feelings of shared family identity and connection that family members feel. The transactional approach is communication-centered in the sense that family is created through the members' communication with one another. Put simply, families are discourse dependent, meaning their communication with one another helps

each member to know their roles in the family and to constitute the family unit as a whole (Galvin, 2014). The transactional process describes family members as more interdependent. The transactional process focuses on how communication defines our personal relationships, including relationships among family members (Baxter, 2004). With this interdependence, what one family member does impacts other family members. Thus, if one family is not fulfilling their roles, that affects the roles that other family members fill.

Families hold the potential to impact all aspects of an individual's life. Families can impact individuals in positive and negative ways depending on the communication that is being engaged in within the family. Segrin and Flora (2019) discuss the importance of family in an individual's life, stating "Few, if any, relationships are more important, salient, long-lasting, and central to people's well-being than their family relationships" (p. xi). Because family relationships are long-lasting and impact an individual's well-being, they can impact an individual in both positive and negative ways.

Functional Families

One aspect that defines *functional* families is their ability to work together as a family system. Because family members are typically in proximity to one another, they are often interdependent. Family systems theory posits that families work like a system, meaning that all members of the family influence one another (Yoshimura & Galvin, 2017). Regardless of the nature of the relationship (i.e., positive or negative) all families function like a system and are interdependent. Members who work as a healthy family know how to adjust to the needs of the family and balance family cohesion (Barnes & Olson, 1985). Families that function more like a healthy system tend to have more positive communication (Barnes & Olson, 1985). When

families have a common goal, use positive communication, and are working together, they could be deemed as a functional family.

The Circumplex Model is another approach used to determine functional families. Olson developed the Circumplex Model to determine levels of family functioning. Olson's Circumplex Model presents two dimensions of family functioning, adaptability and family cohesion (Olson et al., 1979). Adaptability is a family's ability to change roles, rules, and power when stress develops in the family. Adaptability ranges from no to extreme adaptability: No adaptability means that families do not change in their interactions (Segrin & Flora, 2019). The power dynamics, rules, and roles never change, regardless of the difficulties the family may be experiencing. Families with extreme adaptability have no clear rules, roles, or power dynamics (Segrin & Flora, 2019). Olson (1993) posits that families who are in the middle (i.e., neither high nor low in adaptability) tend to be the most functional families. This could be because families who are on extreme ends of the continuum are stuck in one place and are extremely rigid in their ways of adapting (Segrin & Flora, 2019).

The second dimension of family functioning is family cohesion. Family cohesion ranges from no cohesion to extreme cohesion (Olson et al., 1979). Family members in families with no cohesion are more independent, meaning they do not spend much time together. Family members in families with extreme cohesion have strong emotional bonds and spend as much time together as possible. Segrin and Flora (2019) posit that because families may not be able to change their level of cohesion with one another; they may end up stuck on one end of the continuum, thus impacting family functioning. Overall, families who have some amount of adaptability and cohesion are classified as the most functional types of families.

Parent-Child Communication

Parents are typically a child's first example of how to act and interact with others. How a child is treated helps the child understand how they need to treat others. Bandura (1977) developed social learning theory, which posits that individuals learn how to behave through observational learning. Therefore, given that children often observe their parent's behavior, they may develop their understanding of how to interact and treat others, and how to behave. Baumrind (1971) developed three different types of parenting styles and discussed their impact on the child. The three types of parenting styles are permissive, authoritative, and authoritarian. Permissive parents allow children to govern themselves. Permissive parents do not have many rules or demands and do not monitor their children (Baumrind, 1971; Buri, 1991). Authoritative parents direct their children in a warm way (Buri, 1991). Parents who are authoritative often govern their children but allow feedback from the children. Authoritarian parents govern their children completely and expect complete, unquestioned, compliance (Baumrind, 1971). These parents expect complete conformity from their children. Each of these styles of parenting impacts the way a child can communicate or feels comfortable communicating with their parent.

Koerner and Fitzpatrick (2002) discuss family communication patterns theory as another way of looking at the way parents impact their children. Examining the ways that parents impact their children's communication is important because of the implications the communication has on the family. Family communication patterns theory expands on Baumrind's (1971) parenting styles by diving deeper into the impact communication has on families. Family communication patterns theory is comprised of two different orientations that help children understand how they should interact within and outside the family: conversation and conformity orientation (Koerner & Fitzpatrick, 2006). Conversation orientation refers to the openness of a family's conversations

(Koerner & Fitzpatrick, 2006). Families with low conversation orientation do not permit open conversations between parents and children. Families high in conversation orientation value open communication among parents and children. Conformity orientation refers to the expectation a family has regarding the family members beliefs, attitudes, and values (Koerner & Fitzpatrick, 2006). Families who are low in conformity orientation allow children to have their own beliefs and values. However, families high in conformity orientation expect children to have the same beliefs and values as their parents. Four family types are created based on the two orientations: pluralistic, consensual, protective, and laissez-faire.

Dysfunctional Families

Dysfunctional families are defined as those that have experiences of physical violence, lack of financial or physical care, strong parental authority, and substance abuse issues (Brown University, n.d.). These families still function as a system because they adapt to the new way of functioning. These dysfunctions increase conflict, create feelings of being dismissed, and increase neglect (Brown University, n.d.). Parental alcoholism is one dysfunction families may experience. Dysfunctional families experience situations that impact the family system. Referring again to family systems theory, when one family member behaves in dysfunctional ways creating issues, the whole family is impacted in some way. When it comes to alcoholism in the family, when a parent has an alcohol dependency problem that impacts their everyday life, their family is also being impacted since the family functions as a system.

Referring to family communication patterns theory, laissez-faire families are typically deemed as dysfunctional families because of the nature of their communication styles. Laissez-faire families do not value communication among members (Koerner & Fitzpatrick, 2002). Since these families are low in conversation orientation, there is little communication among family

members. Koerner and Fitzpatrick (2002) posit that laissez-faire families are typically emotionally distant from one another. This emotional distance could increase destructive family behaviors, increased neglect, and lack of communication with one another (Alexander, 2003; Haverfield, 2016; Steinglass et al., 1987).

Alcoholic Family Dynamics

Within the family unit, when one individual suffers from alcoholism, all family members could be impacted in some way. Ackerman (1986) discussed alcoholism as a family disease because of the extensive impact it has not only on the individual, but the whole family. Since alcoholism is a family disease, families of alcoholics have characteristics that are unique to this family type. The first subsection will address how families of alcoholics tend to avoid certain topics of discussion, such as the drinking problem itself with other nonalcoholic family members and especially with the alcoholic parent. Another characteristic the second subsection will demonstrate is the unique disruptions families of alcoholics' experience because of the alcoholism, such as holidays, and how that impacts typical family functions.

Avoidance

Avoidance occurs when family members are intentional about the topics they discuss as a family. There are many reasons why in general, families may avoid certain topics or keep secrets to avoid conflict within the family (Golish & Caughlin, 2002). Specifically in families of alcoholics, family members may engage in topic avoidance to avoid upsetting the alcoholic parent or because of the nature of the topic of alcohol. Relating back to family communication patterns theory, families with alcoholics may be lower in conversation orientation because avoidance is primarily used as a maintenance strategy in these families. Since talking about

certain topics, such as the state of the alcoholism upsets the alcoholic, family members of the alcoholic tend to avoid the topic all together.

Families of alcoholics do not commonly have open discussions among one another. Within families of alcoholics, stressors are common occurrences among family members (Steinglass et al., 1987). One reason for these stressors and tensions is the avoidance of certain topics. Alcoholic homes tend to have the *don't talk rule*, which means that family members avoid certain topics to avoid upsetting the alcoholic parent (Black, 2020). In other words, children of alcoholics do not talk about the alcoholic parent and the struggles the child may be facing because of the alcohol. Haverfield et al. (2016) found in their study that participants expressed frustration because of the inability to talk about the issues at hand, because the issue had to do with the alcoholic parent. The participants shared that often they did not talk about the alcoholic parent, and if they did, it would result in a blowout. Participants in this same study shared that they would avoid serious topics as a way to keep the peace and avoid conflict. Not only do families of alcoholics avoid discussing issues with the alcoholic parent, they also discussed avoiding the topic of the alcoholism with the parent because they do not want to upset the alcoholic parent.

Disruptions

Family life, for the most part, happens in consistent, patterned ways. In addition to the trends laid out by family communication patterns theory, family life tends to move forward in other consistent, patterned ways as well. Family communication patterns theory demonstrates the patterned ways families act through the ways individuals in the family learn how to communicate and behavior based on the four family types throughout their lives (Koerner & Schrodt, 2014; Koerner et al., 2018). Steinglass et al. (1987) discuss that there are behaviors that regulate family

behavior that can be observed. One regulatory behavior is daily family routines. Daily routines are the day-to-day tasks and interactions families experience like family dinner. In many families, there is some sort of pattern to day-to-day life. Another regulatory behavior is family rituals. Family rituals are meaningful celebrations and traditions the family engages in like certain birthday activities or holiday traditions. Within typical families, family rituals are celebrated, and the traditions are carried on. However, Steinglass et al. came to the consensus that alcoholic families struggle with these two regulatory behaviors. Becker (1997) posits that these differences would be qualified as a disruption. Among family members of alcoholics, Steinglass et al. (1987) found that there are no consistent daily routines. Therefore, children of alcoholics may have no feeling of normalcy in their home. Steinglass et al. also found that alcohol may disrupt the celebration of family rituals. The alcoholic may ruin the ritual experience because of their disruptive behavior while being intoxicated. Children of alcoholics may have stories regarding a disruption during a family experience, which could be made sense of through storytelling.

There are other aspects of family life that are disrupted because of the alcohol. Velleman and Templeton (2007) found that the social life of the family, finances, and routines are also disrupted. Families of alcoholics tend to become socially isolated from those around them because of the fear of judgment and unpredictably that comes with drinking. Families of alcoholics also struggle more financially because the alcoholic parent may not have a job or be using the money that they do have to purchase alcohol. Finally, families of alcoholics' experience struggles and disruptions in their daily routines. Since the alcoholic parent is controlled by a substance, they may not remember to pick up a child or remember something

they committed to. These disruptions create a lack of consistency for the child of the alcoholic. Taken together, the struggles of alcoholism impact the whole family unit.

The disruptions experienced by children of alcoholics also hold potential to be turning points in the parent-child relationship. Turning points are categorized as events in a relationship that impact a relationship in positive and negative ways (Worwood et al., 2020). Turning points demonstrate instances where relationships move to new stages and alters the status of the relationships (Baxter et al., 1999; Bullis & Bach, 1989). For children of alcoholics, turning points in their relationship with their parent could revolve around alcohol since most negative parental behaviors occur because of the alcohol. Therefore, the negative disruptions that occur for children of alcoholics could create turning points in their relationship with their parent.

Adult Children of Alcoholics

The above section clearly establishes the impact alcohol has on the family unit. Since the overall family is impacted, it is also important to explore specifically how adult children of alcoholics are impacted by their alcoholic parent. Adult children of alcoholics face various difficulties that their peers may not necessarily undergo. Some difficulties adult children of alcoholics' face include psychological impacts, social impacts, and new familial roles.

Psychological Impacts

Adult children of alcoholics struggle mentally because of their parent's alcohol dependency. Commonly, adult children of alcoholics have difficulties communicating; they have feelings of anger and hostility, trust issues, and feelings of emotional longing (Hall & Webster, 2007; Haverfield et al., 2016). Kelley et al. (2010) found that approximately 37% of children of alcoholics suffer from lifetime depression. Along with this depression, children of alcoholics have difficulties expressing their emotions (Haverfield, 2016). Often their emotions are

expressed through disappointment with their alcoholic parents, frustrations, and anger (Haverfield, 2016). Adult children of alcoholics also have difficulties encoding nonverbal and verbal communication (Hall & Webster, 2007). With their difficulties encoding nonverbal and verbal messages, adult children of alcoholics tend to misinterpret these messages (Hall & Webster, 2007). This creates fear of rejection, criticism, and conflict in adult children of alcoholics (Hall & Webster, 2007). The mental difficulties of children of alcoholics demonstrate the need for these children to have some sort of outlet from their difficult family situation.

Social Impacts

Along with the psychological impact adult children of alcoholics' face, they also face social difficulties. Straussner and Fewell (2011) found that children of alcoholics are more at risk of experiencing interpersonal problems. Since children of alcoholics come from families and parents whose relationships are not always healthy models, children of alcoholics often struggle maintaining interpersonal relationships. Woititz (1986) found that children of alcoholics struggle specifically in intimate relationships. They found that children of alcoholics struggle with fear of abandonment. This fear then impedes their interpersonal relationships because the fear may be getting in the way of the development of the relationship. The fear that children of alcoholics' experience could lead them to distrust their partners within their intimate relationships (Kelley et al., 2010), which would also impact interpersonal relationships because it can be difficult to maintain a relationship with someone who is not trusted.

New Roles

Family roles are established using communication. Families communicate their roles and expectations that outline how individuals are supposed to act within the family unit (Miller et al., 2000). Parents are expected to provide for the child, emotionally and physically. When children

talk to their parents about their difficulties, their parents' role is to assist them. Parents are expected to be emotionally available to their children. Since alcoholic families are no longer functioning in the way other families are, the children often must adopt different roles. Role adoption is needed because children of alcoholics need to compensate for the lack of care they are receiving. One role children of alcoholics take is the role of their parents (i.e., parentification).

Parentification

Children of alcoholics may have to take on the role of their parents when their parents are not emotionally or physically available. Parentification occurs when parent-child roles switch and children play the role of the parent (Kelley et al., 2010). Parentified children tend to perform household related tasks such as financially providing for the household, making meals for the household, and providing care for younger siblings if there are any (Kelley et al., 2010). Parentification is often a result in children who have parents that are alcohol or substance dependent (Kelley et al., 2010). The adult children of alcoholics must take care of themselves because their parent may be unable to provide for them because of their alcoholism (Kelley et al., 2007; Kelley et al., 2010). This can be problematic for children because they often start taking care of themselves before they are emotionally or developmentally ready (Kelley et al., 2010). This then results in these children sacrificing their own emotional or physical needs because they must be the parent (Alexander, 2003), which becomes more problematic if there are siblings involved. Overall, parentified children must provide for themselves because of the absentness of their parents, which results in children of alcoholics not always getting their needs met, emotionally or physically.

Role Adoption

One way in which children of alcoholics try to mitigate their psychological and emotional issues is through the adoption of various roles. Vernig (2011) discusses five other roles children of alcoholics commonly perform: scapegoat, enabler, mascot, hero, and the lost child. The scapegoat is the child that takes the hit of the physical, emotional, or verbal abuse to distract others in the family from the impacts of the abuse. Scapegoats often get in trouble purposefully to create such a distraction. The enabler takes over the parental roles by taking over the parental responsibilities and providing care to the family (Vernig, 2011). Enablers allow their parents to continue to neglect their parental responsibilities because they take over the responsibilities, which in turn enables their parent to continue drinking. Some of these responsibilities include managing bills, making meals, and doing laundry (Robinson & Rhoden, 1998). The enabler in essence becomes parentified, as previously discussed. The role of the mascot is to try to make light of the drinking problem, typically through humor, to create a distraction from the underlying drinking problem. The hero role in the family is the responsible, mature child who attempts to maintain the family image. Finally, children of alcoholics take on the role of the lost child, which is the family member who withdraws from the family itself. The lost child tries to stay away from the family to avoid scorn or conflict.

Resiliency

While growing up with an alcoholic parent poses many negative outcomes, there can be some positive outcomes, such as higher levels of resiliency. The difficulties that children of alcoholics' face may allow them to develop resiliency. Resiliency is "the ability to withstand, bounce back, adapt, and move forward positively after experiencing psychological obstacles, challenges, tragedies, or disasters" (Dorrance Hall et al., 2021, p. 35). When individuals foster

resiliency behaviors, they can bounce back from hardships they may face in their lives. Resilient individuals do not merely move past their struggles (Bonanno, 2004); resilient individuals create and adapt to a new sense of normalcy (Buzzanell, 2010). The adaptation to a new normal demonstrates that an individual has developed resiliency despite their circumstance. Zatura (2009) discussed that for an individual to develop resiliency, the resilient behaviors need to sustain over time.

Resiliency is developed through communication. Buzzanell (2017), in their Communication Theory of Resilience, highlights the role of communication in the development of resiliency. First, the theory focuses on the communicative process of transformation, change, and disruptions. Disruptions can create the need for an individual to develop resiliency. Second, the theory discusses how resiliency is developed through interpersonal and family interactions/relationships. Through communication, individuals can discuss disruptions and transformations with others. By talking about disruptions, individuals create a new sense of normalcy (Buzzanell, 2010). Continued sense-making assists in the development of new normalcies (Buzzanell, 2017). The new normalcies that sense-making helps to develop may assist an individual in their development of resiliency.

Resiliency is a way individuals adapt to their new normal and live in that normal for an extended period. Children of alcoholics may have an alcoholic parent who is an alcoholic for an extended period. The parent who has an alcohol dependency may help children of alcoholics develop resiliency behaviors. Resiliency can be developed based on protective factors that buffer the negative impacts of the harmful family environment (Velleman & Templeton, 2007). One protective factor could be storytelling.

Coping as a Precursor of Resilience

As noted above, adult children of alcoholics face numerous psychological difficulties (Hall & Webster, 2007; Haverfield et al., 2016). The psychological struggles children of alcoholics' face may make it difficult for them to function in their daily lives. One of the purposes of this study is to explore how adult children of alcoholics use coping or resiliency behaviors to deal with these adverse outcomes. Some children of alcoholics may only cope with their difficulties. Coping is "the use of communicative and psychological strategies to help individuals cognitively and behaviorally work through difficult life experiences" (Generous & Keeley, 2021, p. 489). Coping is inherently communicative. One dimension of coping is social support, which is when individuals allow others to help them (Reardon & Aydin, 1993). This dimension highlights the importance of communication when coping. Communicating about the difficulties an individual experiences may assist in the individual's ability to cope with their struggles. If others are unaware of the difficulties individuals are going through, they may not be able to help the individual cope. Therefore, coping may not be achieved if the individual is not communicating about their difficulties.

Coping differs from resilience in the sense that coping focuses on the process of working through a difficulty, while resiliency involves long term positive feelings of overcoming a difficult situation (Zautra, 2009). Resiliency may occur because of coping. Coping and resiliency are manifested through and rely on talk; therefore, the present study takes a communication sender-approach to explore how adult children of alcoholics' narratives encourage coping and resiliency behaviors.

The Narrative Framework

One way we make sense of circumstances is through storytelling (Riessman, 2008).

Storytelling in nature is communicative. Therefore, sense-making through storytelling assists individuals in their level of resiliency. Human beings are natural storytellers (Bruner, 1990; Koenig Kellas et al., 2011). Humans share their experiences with one another using storytelling. When individuals share about their life experiences, they do it in a chronological way. It is a natural way for humans to understand what is going on in their lives. Through stories, individuals reveal the truth about human experiences (Riessman, 2008). As individuals tell their stories from their point of view, it shows how they experienced that story.

Narrative perspectives deal with the real and fictive stories we tell (Fisher, 1987). Specifically, within the narrative paradigm, Fisher (1987) defined narrative as "a theory of symbolic actions--words and/or deeds—that have sequence and meaning for those who live, create, or interpret them" (p. 2). Since Fisher's (1987) proposition to further explore the impacts of narrative on overall well-being, many other scholars have added onto the nature of narrative and the implications narratives have on well-being (Becker, 1997; Frattaroli, 2006; Koenig Kellas, 2018; Langellier & Peterson, 2004; Riessman, 2008). When someone tells a story from their perspective, they often reveal if their experiences were positive or negative. Becker (1997) discussed that narratives are a way for individuals to express and integrate their distress. They also posit that narratives are a way for individuals to make meaning of the disruptions they experience in their lives. In other words, narratives help individuals understand and express the disruptions they experience and weave them into an ongoing life story.

Children of alcoholics, as noted above, often experience disruptions in their lives because of their experiences with their alcoholic parents. These disruptions could be made sense of using storytelling. In their study, Thomas (2015) used narrative to explore the development of resiliency among foster children. Through their study, Thomas exhibited the power of narratives

and their ability to encourage psychological well-being. The present study aims to explore the narratives told by adult children of alcoholics and how story narration might aid in ability to cope and build resiliency.

Communicated Narrative Sense-Making Theory

The central component of narrative sense-making is communication (Koenig Kellas, 2005). Therefore, it is important to explore the role of communication in sense-making. Koenig Kellas and Hortsman's (2015) Communicated Narrative Sense-Making Theory (CNSM) is an "empirical approach to understanding the ways in which narratives and storytelling affect and reflect individual and relational well-being in the family" (p. 82). CNSM sheds light on the different impacts that stories can have on health and well-being. Flood-Grady and Koenig Kellas (2019) discussed that storytelling improves relational and individual well-being. Specifically, CNSM describes different coping strategies and resiliency behaviors as a result of storytelling.

The theory provides three heuristics of storytelling: retrospective storytelling which focuses on stories told about a person's past, interactive storytelling which focuses on how the families tell stories together, and translational storytelling which focuses on how families use storytelling to help them cope with their difficulties (Koenig Kellas & Hortsman, 2015). The present study will focus on retrospective storytelling, which is centered around the stories individuals tell about their past experiences (Koenig Kellas, 2018). For example, Flood-Grady and Koenig Kellas (2019) used CNSM and retrospective storytelling to classify the different story types that adults hear about mental illness from their family members. Through analysis of retrospective storytelling, the researchers were able to identify specific types of stories that adults told about mental illness in their families. Trees and Koeing Kellas (2009) also used retrospective storytelling to explore the impacts joint storytelling regarding difficult experiences

the family endured impacted the family members. Specifically, they explored variables such as family satisfaction, cohesion, adaptability, and social support within retrospective stories. McAdams (2006) has also explored the benefits that retrospective storytelling has on psychological well-being through exploring the implications of telling stories regarding traumatic events. How adult children of alcoholics tell their stories about their past will be useful to determine how much they have coped because of the experiences. Retrospective storytelling could also shed light on the development of resiliency in adult children of alcoholics.

Overview of the Present Study

Overall, the aforementioned research indicates some of the hardship that children of alcoholics' face. For many children of alcoholics, making sense of their situation and working through their experiences might be quite difficult. Storytelling—or narrating—is likely one mechanism through which children of alcoholics potentially cope, develop resiliency, and/or make sense of their difficult circumstances with their alcoholic parent. Yet, little is known about how adult children of alcoholics narrate their experiences. Thus, the first research question aims to illuminate the different types of stories adult children of alcoholics tell about their experience (e.g., redemptive, terminated, distant, etc.). The first research question is:

RQ$_1$: What are the types of stories children of alcoholics tell about their experience with their alcoholic parent(s)?

Because coping is positioned as a preliminary to resiliency, it is important to explore coping and resiliency separately. The second research question seeks to examine if sharing their stories of being an adult child of an alcoholic helps them cope. The second research question is:

RQ$_2$: How, if at all, does coping manifest in story narration?

Finally, given that narrating has been linked with not only coping but also resiliency, in that resiliency happens when one overcomes the difficulties they experienced, it is possible that sharing their story might help individuals become more resilient. Thus, the third and final research question seeks to determine if adult children of alcoholics who share their story develop more resiliency as they share their story:

RQ3: How, if at all, does resiliency manifest in story narration?

In the following chapters, the methods, the findings, and a discussion of the findings of the present study will be provided. The methods chapter will detail how the data was collected and analyzed, and participant demographics. The findings chapter will address each research question and answer the questions with the data. The discussion section will discuss how the findings from this study relates to past studies, the limitations of the present study, and the future research that needs to be completed.

CHAPTER II: METHODS

For the present study, I engaged in qualitative analyses to answer the three research questions. In this study, to answer my first research question, I conducted qualitative narrative interviews. Narrative interviews consist of the participants sharing their whole story (in this case, their story of being a child of an alcoholic) while the researcher listens and does not interrupt during the story telling (Lindlof & Taylor, 2017). I wanted to gather a rich and detailed account of the experiences of adult children of alcoholics and how sharing these experiences impacted their coping and resiliency. When individuals face difficulties or traumatic experiences in their life, they often make sense of their experiences through storytelling (Becker, 1997; Riessman, 2008). After the interviewee finished their intact story, I followed up with questions to further help answer the remaining research questions. I also wanted to know if sharing their stories helped participants cope or be more resilient, which led to research question two and three. To answers the second and third research questions, I asked the participants open-ended questions addressing how they think sharing their stories has helped them cope or be more resilient. Originally, a quantitative survey regarding the participant's level of coping and resiliency was used to answer the second and third research questions, however, due to low response rate, the answers retrieved from the survey were omitted. Overall, the purpose of this study is exploratory, rather than generalizable. This study can provide a notion of the sense-making in the context of adult children of alcoholics and provide a baseline for future research.

Participants

Upon Institutional Review Board approval, I conducted narrative interviews over the period of several weeks. To participate in the study, participants ($n = 9$) had to have a parent or parents with an alcohol dependency problem and be 18 years old or older. The participants

consisted of six (66.7%) females and three (33.3%) males. The mean age of the participants was

32.56 (*SD* = 16.36). The age range of the participants was 18 to 63. The ethnicity of the sample

included seven participants (77.8%) who identified as Caucasian, one (11.1%) who identified as

African American, and one (11.1%) who identified as mixed race. Of the alcohol-dependent

parents described, one (11.1%) was a mother, and eight (88.9%) were fathers.

Data Collection

To recruit, I posted the call for participants on social networking sites and a research

board for students enrolled in communication classes. The study was posted multiple times and

shared by members of my social network to recruit more participants. To participate, participants

needed to email me to obtain more information regarding the study and to receive the consent

form. Participants would then set up a time to meet via Zoom. Prior to the Zoom meeting,

participants were asked to complete a brief 47-question Qualtrics survey to provide demographic

information regarding them and their alcohol dependent parent. Demographic questions included

age, biological sex, number of siblings, which parent is the alcohol dependent parent, and

whether the parent has been in any inpatient or outpatient rehabilitation centers. Along with the

demographic questions, participants completed surveys that measured resiliency levels and

coping levels. However, resiliency levels and coping levels were not included due to insufficient

number of participants. The individuals needed to complete both portions of the study to have

their answers qualify for the study. Unfortunately, the number of interviews conducted did not

allow saturation to be reached for all story types. Saturation occurs when no new themes emerge

when new data is included in the data set (Tracy, 2020). The recruitment call was shared and

reshared, but not enough individuals responded for adequate saturation to be reached for each

story type.

Data Analysis

To answer RQ1, I first engaged in steps of Braun and Clarke's (2006) thematic analysis. Thematic analyses are typically done in six phases: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes. However, following Thomas (2014), because the overall purpose is to gain an understanding of the themes that emerge in each story type, I only engaged in the first and second step of the thematic analysis. I wanted to familiarize myself thoroughly with the data and develop initial codes to have a better understanding of what the stories entailed. After I completed the thematic analysis, I then engaged in Riessman's (2008) thematic narrative analysis. Rather than establishing themes between all the stories, thematic narrative analysis is used to examine each story as a whole. After I developed the initial codes, I then visited the data again and took each story in its entirety and used the initial codes to inform the overarching theme of each story. The story types told answered RQ1.

To answer RQ2 and RQ3, I engaged in the first four phases of Braun and Clarke's (2006) thematic analysis. Because of the small sample size, Braun and Clarke's phases of defining and naming themes were not engaged in since for some themes, there was only one exemplar. Simply finding common themes of coping and resiliency was sufficient to answering RQ2 and RQ3. Rather than examining each story type in particular, I wanted to know how adult children of alcoholics generally express how telling their story has helped them cope or become more resilient despite the difficulties they have experienced. Therefore, developing overall codes across the story type was the best approach to answer research questions two and three.

Verification Procedures

Ensuring credibility is an important aspect of ensuring that a study provides quality results, therefore, I utilized Lincoln and Guba's (1985) trustworthiness criteria to ensure that the data presented represents the reality created by my participants. Lincoln and Guba's criteria consist of credibility, transferability, dependability, and confirmability. To demonstrate credibility, I engaged in member checks to determine if my interpretations of the interviews were accurate. I engaged in member checking by sending my findings to my participants. I asked them if the way I presented their story was an accurate reflection of their reality; all participants confirmed its accurate portrayal and credibility.

To demonstrate transferability, I included a detailed description of each story type, including multiple exemplars for each story type, since the goal of qualitative research is not generalizable conclusions but detailed or thick descriptions that allow other researchers to see if my findings apply within their context (Lincoln & Guba, 1985). To achieve dependability, I kept an audit trail of all the decisions I made regarding the data. Lincoln and Guba (1985) discussed that data dependability within qualitative research primarily consists of the researcher showing the reader how the findings came about. To ensure dependability, I took detailed notes of my thoughts throughout my whole process of determining the story types to show how I came to the story types I did. Finally, confirmability was derived from the data with the links made regarding the exemplars and the overall story type.

CHAPTER III: FINDINGS

The present chapter will discuss the results of the thematic and thematic narrative analyses. The following research questions will be answered in more detail below: "What are the types of stories children of alcoholics tell about their experience with their alcoholic parent(s)?" (RQ1), "How, if at all, does coping manifest in story narration?" (RQ2), and "How, if at all, does resiliency manifest in story narration?" (RQ3). The first section will discuss the various story types that arouse throughout the interviews, answering the first research question. Exemplars and descriptions of each story type will be given. The second section will answer research question two and three by discussing how story narration did or did not help individuals cope with their experiences or develop resiliency. Of note, exemplars in each section are presented to mirror participants' language as closely as possible.

Alcohol Disruptions

When an individual experiences a disruption in their life, it often impacts them in both positive and negative ways. Across the sample, each participant shared various negative disruptions by the alcoholic parent that impacted the participant's relationship with their parent in a negative way. In the sense of this sample, disruptions were categorized as any negative or uncomfortable experience the participants had with their parent. Some participants described their disruption as "embarrassing," "bizarre," "fucked up," "volatile," and even "abusive." The words the participants used to describe their relationship with their parent and the experiences they had with their parent were primarily negative, which could demonstrate why the disruptions they experienced were mainly negative disruptions.

For each participant, the main source of the disruption was alcohol-related. In other words, when recalling their negative disruptions, most participants shared that the disruptions

were rooted in alcohol. This could be because participants were asked to share their story of being a child of an alcoholic. Their parent was severely intoxicated at the time, which impacted the parent's behavior and encouraged them to act in negative ways towards their children. The disruptions often included the parent mistreating the participant in some way. For all the participants, the negative disruptions they experienced were core memories they had with their parent, which altered their relationship with their parent. The memories were so imprinted on their brain that, for most participants, the way they shared their story was chronologically based on each negative disruption they experienced with their parent. The participants did not share any negative disruptions with their parent that were not alcohol-related, which further highlights the impact alcohol has on the parent-child relationship when the parent is an alcoholic. Since the negative disruptions were experienced differently by each participant, the disruptions did create various relational challenges and experiences for each participant, which led to two different types of stories told by each participant. The next section will address both story types in more detail using various exemplars and negative disruptions experienced by the participants.

Story Types Regarding Adult Children of Alcoholics

Though disruptions were a common theme across the sample, the impact of those disruptions varied for each participant. Overall, two main story types resulted from the sample. The two story types that emerged were distance due to alcoholism ($n = 5$) and closeness despite alcoholism ($n = 4$). Below each story and story type will be discussed more in detail. Exemplars. from the sample will be given to provide a more in depth understanding of each story type and how they vary from one another.

Distance Due to Alcoholism

More than half of the participants ($n = 5$) shared stories that included alcohol as the main

cause of distance between the participant and their parent. The first story type that emerged from the sample was distance due to alcoholism. The five participants recounted various negative disruptions that created distance between them and their parent. Since, as mentioned above, most of the disruptions that occurred were due to alcohol, the parental alcohol addiction was what put distance between the parent and the participant. The parent mistreated the participant in some way while intoxicated, which in turn caused the participants to distance themselves from their parent in various ways. Few participants in this story type shared many negative disruptions in the form of abuse, primarily verbal and emotional abuse; however, participants shared instances that included physical abuse. Verbal abuse in this story type is when the parent raised their voice or spoke aggressively toward the participant, while emotional abuse is classified as instances where the words were more manipulative or attacking toward the participant as a person. Physical abuse in this story type is classified as any instance of physical harm or intent to physically harm. One participant also shared the neglect they experienced which can be categorized as a form of abuse.

Participants in this story type varied in degrees of closeness with their parent even though they were distant from their parent. Some participants shared that there was some relationship with their parent, while others expressed they were fully estranged from their alcoholic parent. In this story type in particular, the negative disruptions that occurred due to the alcohol encouraged the participants to then distance themselves, and even their families from their parent.

For example, Esther recounts her relationship with her mother being close; however, when her mother is severely intoxicated, Esther removed herself from her relationship with her mother when she decided to visit home while she was in college. Esther shared:

I feel like every time we go through something while she was intoxicated, it draws us

apart because I always fall back on my grandma. Like the last time I came home from

college, um I didn't go home at all. Like my mom didn't even know I was at home

because I didn't wanna go home to that environment and just remember, remember what

happened or see that again. 'Cause I know it's bound to happen again. So, it's just like

every time something happens while they're intoxicated, like I leave the house for a

couple days and that definitely changes our relationship.

In this excerpt, Esther demonstrated how she did not want to be around her mother while her

mother was intoxicated. She shared that she went to great lengths to avoid her mother, even

though she was in the same city as her. At the beginning of our interview, Esther shared that she

used to be close to her mother; however, when she was older, she realized the severity of her

mother's alcohol addiction, and it strained her relationship with her mother. Through her story,

Esther demonstrated that the events that occur while her mother is inebriated damaged her

relationship with her mother. Since most of Esther's experiences with her mother were negative

disruptions within their relationship, Esther decided to physically distance herself from her

mother to avoid further negative disruptions and experiences.

Distance in this story type was primarily created by the participant; however, in Esther's

case, her mother also created distance between her and Esther. She recalls an experience with her

mother when she was trying to take care of her mother and her mother fought against her. Esther

recalled a few different instances when her mother would push her way. First, Esther recalled a

moment when her mother had too much alcohol, and Esther was trying to help her: "And then

sometimes she would forget that I'm her own daughter trying to help her like, she would yell at

me to get outta her face." In this instance, Esther was trying to be a good daughter and take care

of her mother, yet her mother was telling Esther to get away from her. In this experience, Esther demonstrated that she was not the only reason she may have been distant from her mother. While her mother was intoxicated and Esther would try to help her, the mother would push her away, which further created distance between Esther and her mother. This experience further highlights the distance alcohol created between the participant and their parent.

In a different experience, Esther recounted a moment that she was visiting home after being away in college. When Esther was home for the weekend, her mother was so intoxicated that she was vomiting everywhere, and Esther did all she could to try to help. Based on this experience she shared:

You know, I came home because I missed home and then this is what I see when I get home and that I'm trying to help you and you're pushing me away. So it's been a lot of that through my whole life, just trying to help her and she doesn't want the help.

Esther goes onto share just how traumatic those instances are for her. Esther discusses that she is trying to help her mother, yet her mother keeps pushing her away. So, not only does Esther distance herself from her mother because of her mother's behaviors when she is intoxicated, her mother also tries to put distance between herself and Esther when she has been drinking.

David also shared instances where, because of his father's alcohol dependency, he tried to distance himself from his father because of how embarrassed he was of his father's disruptions when his father was intoxicated. One instance David recalled involved his father embarrassing him at a public event. David's father wanted him to go on stage to preform; however, David was there for another friend's event and did not want to perform. He recalled:

And my dad showed up drunk to this incident. And it was like, my friends were there, all our parents were there, my mom and dad were there…Like he would not stop badgering

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me being like, "David you need to go sing," like trying to push me up where my friend was playing uhhh, like telling my friends like, "Tell David to go sing. David, you gotta go sing," and I was like, "Dad, , this is not my thing. Like this is [Friends name]'s event. Like he is playing like I don't want to do that." And he wouldn't leave it alone. So, it got to the point where like we got into a shouting match and I left. In front of all our friends and family, and I just drove home. I was like, I'm not gonna, I don't want to be a part of that, like, I've had enough. I'm not dealing with that.

In this instance, David expressed how his father's actions while he was intoxicated made him feel. While describing the event, he shared that he was very embarrassed because of the outburst that happened between him and his father. David no longer wanted to be in his presence because of how intoxicated his father was and the embarrassment that created for David. Overall, since the way David's father acted while intoxicated made David extremely embarrassed, he decided to distance himself from his father while his father was intoxicated. Outside of those moments, David shared that he and his father were very close and shared fond memories together, further demonstrating the distance alcohol created between David and his father.

Since David's father had an alcohol dependency, not only did he want to distance himself from his father, he also wanted to distance his child from his father as well. When David's father came to visit him and his family, David noticed that his father was leaving a lot to go get alcohol and decided it was time to confront his father about their relationship and his father's relationship with his son. He shared:

Like he didn't wanna be seen drinking, but everybody knew he was drinking uhhh and it got to the point where at the end of the trip I was, I was gonna tell him like, "Dad, I don't want you coming back anymore. Like I don't want you to be apart of [son's name]'s life

if this is how, [son's name]'s is my son, if you're gonna be like, we're just gonna need to, we need to cut it off."

Here David demonstrated that not only was the alcohol disrupting his relationship with his father, but the alcohol was also going to disrupt his father's relationship with his son.

The final story type that highlights the distance that alcohol created in the participants' relationships with their parent comes from Mary. Mary had similar experiences to Esther and David in the sense that alcohol was the main reason she and her father had a distant relationship; however, her father's alcohol dependence led him to neglect his relationship with his children. She described:

I--like my life flipped at age ten. And so at age ten, my parents divorced and part of the reason for the divorce was that my dad had a group of friends that were umm, that introduced him to marijuana, and so he was using it and, and so I don't know any of these details like but he's using it, and selling it, and he's heavily involved in it. And then it led to some infidelity and he's--and he's using more and more alcohol, and more and more marijuana. He's still doing well in his job so umm he's functional but his commitment to his family changed. So his commitment, not just to my mother, but his commitment to his children changed.

Here Mary describes how neglectful her father became because of his addiction. She felt that he prioritized his addictions rather than his family and that had profound impacts on her and her relationship with her father throughout her life. Later in the interview, Mary describes the impact this negative disruption of addiction and neglect had on her relationship with her father. She recounted:

What I think happened with the marijuana and with the drinking is that I just became, I

became of so little importance to him, and that to me that like it's not abusive but how

horrible. He paid his child support but, I just, I don't know. I just don't feel super

significant in his life and, and I haven't felt significant in his life since I was ten years old

you know? I, I've felt like, like if, if there was a glass of wine or joint on the table or me,

I knew what he was gonna choose 'cause he did, he chose it. And, and I am, I felt like to

him, I am worth less than those two things.

Mary shared in this experience that she felt completely inferior in her father's eyes compared to

his alcohol. For Mary, this created distance in her relationship with her dad. Since she felt so

inferior to her father's alcohol, she felt like she did not and could not have a solid relationship

with her father, which in turn created distance between her and her father. Mary shared in the

interview, "My relationship with him is not what I want it to be. I wish we were much more

deeply connected, but he can't figure out how to connect with me." Here Mary expresses that

because alcohol is such a priority for her father, he cannot figure out how to connect with her;

thus, Mary attributes the distance between she and her father to not only substance (alcohol and

marijuana) use but also her father's prioritization of substances over relationships.

Some participants shared that they distanced themselves from their parents because of the

various forms of abuse they experienced. For example, Naomi accounted many experiences of

verbal, emotional and physical abuse from her father. Naomi reflected on a night with her father

where he was just screaming at her and threatening to hit her. She stated:

He's a very angry person. Umm, he has really big outbursts, especially when he's

drinking. There were a couple times in high school when I was living there where he

would start screaming and shouting at me and, and get in my face. Um, I remember once

I put my hands up because I thought he was gonna hit me, he got so close, like I could

feel his breath on my, on my face and I went to put my hands up to just, just to shield

myself. And then he started screaming about how upset, and disappointed, and ashamed

of me he was that I would think that he was gonna hit me. Um, wow, I haven't thought

about that in a long time. That's a big one. Um, and it was, you know, it was terrifying.

You know, I'm in my bedroom, it's, you know, one o'clock in the morning, I'm trying,

I'm in junior high school, I'm trying to go to bed and he's just screaming in my face

about, um, you know, how dare I think that he was gonna hit me, but like, he was so close

and so angry.

In this excerpt Naomi shared how terrified for her safety she was because of her father's

outbursts when he was intoxicated. Along with this verbal and physical abuse, Naomi shared

instances when her father was also emotionally abusive. She said:

I accidentally plagiarized a story in fourth grade and was given like four days of after-

school detention. Um, and I remember I came home and my dad just chewed me out. He

was like, "what the fuck are you doing?" Blah, blah, blah. Like, I was nine, had no idea.

Like, I just thought I was adapting a story that existed. No, no. I like copied the words.

Um, something like re like really obvious, but like didn't know what plagiarism was. You

know, he, he was like, he treated it like it was the end of the world, like my future didn't

exist. Like I was such a fuck up and you know, I'm never gonna go to to school like

college. I'm never gonna get in cuz they're gonna find out in fourth grade, I plagiarized

this story, this five, five p- five paragraph essay. Um, so like, okay, whatever, dude. Um,

but like the same thing happens when like, I have a car accident. Like it's just, you know,

"what the fuck were you thinking?" "What the fuck were you doing?" Um, you know,

why are, why are you, why are you such a fuck up? Essentially? Like, why are you so

bad at driving? ... Um, but it doesn't matter. It's all like set napalm to the forest kind of

response. It's just huge, no matter what you do wrong. Um, so that's, that, so yeah, we

were really close, but I was really close because it made me feel good when he felt good.

But when he made you feel bad, like you, you've, you felt like nothing felt less than

nothing, just felt absolutely worthless.

Here, Naomi expressed the damage this emotional abuse had on her self-esteem, and her

relationship with her father.

After Naomi recounted these abusive experiences, she discussed the state of her

relationship with her father. Naomi described her relationship with her father as "non-existent."

Naomi also shared that the only time she really speaks with her father is around holidays, on

birthdays, if something bad happened, or if her father is severely intoxicated and needs someone

to cause problems with. Naomi shared that once she got to college and realized how

dysfunctional her relationship was with her father and all the abuse that occurred because of the

alcohol, she decided to estrange herself from her father.

Like Naomi, Sarah also shared numerous experiences where her father emotionally and

physically abused her. Emotional abuse was the primary tactic used by Sarah's father. Sarah

shared that her father often would blame her for his addiction. He told her that if she failed in

school, he would drink or that she was the reason he lost his job. Sarah's father also encouraged

her to commit suicide. She recalled:

Um, my dad would tell me to kill myself. So he was doing that a lot that day or he was

telling me like you're too chicken. As I have told you before, I have thir-, twelve or

thirteen attempts behind me. Um and he liked to tell me I was too chicken to actually do

it and that I was a failure 'cause I didn't do it. And it was just one of those days where he

really wanted to like impound into my head that I failed to kill myself.

Along with this emotional abuse, Sarah recalled many instances of physical abuse. In Sarah's

experience, there were only a few occasions where her father actually physically harmed her.

One instance that Sarah recalled occurred on a major holiday. She shared:

So, me and my mom we decided to make popcorn. I really wanted popcorn. Um, he

ended up taking off the lid to the popcorn maker so we couldn't have it 'cause he decided

that we couldn't have fun without him while he was being crabby. Umm and then we

tried making popcorn in the microwave. He took that away, he took away the microwave.

Um so our last resort was to make popcorn on the stove 'cause we were determined not to

have him ruin our evening. My dad took the popcorn off the stove, including the boiling

oil and basically at this point he was so drunk he wasn't really paying any attention to

what he was doing… So basically, he threw the pot of popcorn everywhere and some of

the kernels burned my skin because I was the only person like in the room, and he had no

regards for my safety. So he legitimately poured the popcorn onto me. And so I had burn

marks all over my body for at least a month.

Physical abuse for Sarah mainly entailed her father threatening to physically harm her. One

instance Sarah recalled was when Sarah's father picked her up from the hospital. She recounted:

'Cause he was threatening. He was like, "we're gonna go into that tree. If you cry one

more time, you're going into that tree, you will be dead." Um, the weird part was there

was a cop car behind us and despite me literally banging on the windows, screaming,

"Help me", uh, the cop did not care… And I remember just describing to my mom, "He

almost killed me Mom. I'm so scared of him." He was never punished. Um, nothing ever

came from that. So he did have full intent on killing me that day with how he was talking, how he was acting, and he got away with it. Basically, he got away with child endangerment and basically attempted murder that night. Um, he always told me if he kills himself, he's killing me too. Uh, he said it would be a murder suicide.

Overall, Sarah experienced numerous instances of abuse from her father. This constant abuse is what eventually led Sarah to estrange herself from her father. Sarah said, "Like, it is not abusive anymore, but like 'cause I barely talked to him ever, we're very estranged." This statement indicates that even though Sarah is no longer abused by her father, she is still very estranged from him because of the abuse that occurred in the past.

For Sarah, neglect also occurred as a form of abuse from her alcoholic father. She exclaimed:

So my sister had a lot going on and my parents kind of just forgot about me, and I was forced to raise my sister, and that's probably when that started. And from then on, I was my sister's pretty much guardian um 'cause they would leave for periods of time. We didn't know when we were eating, we didn't know where we were sleeping.

In this experience, Sarah shared that because of her alcoholic father's neglect, she became the primary care provider for her sister. So, not only was Sarah being abused verbally, emotionally, and physically, but she was also being neglected, which altered her relationship with her father.

Though Sarah is out of the presence of her father and has not talked to him in years, she still faces difficulties because of the abuse she endured. She shared:

So my dad made sure to cover all, all the abuses. The only abuse he did not do is sexual abuse, but I would later on have nightmares about that happening, just based off the fact that like, it's the only one he never did. That always scared me that he'd go and do it.

Ohh yeah, even though I knew he wouldn't, it was just that fear that he was gonna do

something else to me because he had already done everything else that he could. Umm,

so even years after not talking to him anymore, I wake up screaming thinking I'm being

strangled by him and I'll think he's on top of me… Um, but I have a vivid memory of

him coming back one time and just sitting on the couch in the dark, and just his silhouette

like burned into my mind and just like being so angry with him. Umm so for a couple

years, I would like see him 'cause then I dealt with a lot of hallucinations, which have

gotten better. But like I would hallucinate my dad in like chairs and corners, uhh, I

couldn't sit in the dark.

Here Sarah indicated the long-lasting impacts the abuse she experienced from her father had on

her. So, not only did the negative disruptions that occurred when she was presently being abused

encourage her to terminate her relationship with her father, the prolonged negative disruptions

she experienced of having nightmares of abuse could have further exacerbated the need to

terminate her relationship with her father. Sarah continued to feel unsafe around her father

because of the continued negative disruptions she experienced, causing her to be estranged from

her father.

Overall, participants within this story type shared experiences where they distanced

themselves from their parent because of various negative disruptions that occurred within their

relationship with their parent. Though the negative disruptions each participant experienced were

different, participants shared that a strategy they used to handle these negative disruptions was to

distance themselves from their alcohol dependent parent. The negative disruptions participants

experienced changed the nature of their relationship with their parent, which in turn created

distance between the participant and their parent. Few participants still had relationships with

their parents; however, where an active relationship was present, the relationship was not as close or strong as the participant may have wanted it to be. Some negative disruptions were so severe that participants decided to terminate their relationship with their parents.

Closeness Despite Alcoholism

Less than half of the participants (*n = 4*) from the sample share that they remained close with their alcoholic parent despite the negative disruptions they experienced. Of note, participants who narrated both types of stories pointed to similar negative disruptions due to/in light of parental alcoholism. However, this second story type is constituted in participants' talk of either (re)connecting or maintaining closeness despite a parent's historical or current use of alcohol. This story of closeness emerged from two frameworks: (a) parental sobriety as a catalyst and/or condition of repair; (b) closeness being maintained because it is the substance (i.e., the alcohol), not the parent as a person, who has caused negative events and experiences.

For participants in the former grouping, although they had experienced negative disruptions that damaged the participants' relationship with their parent, parent and child were able to (re)constitute – and often repair – a relationship after the parent chose to become sober. Participants in this story type shared that their relationship with their parent improved as the parent no longer struggled with their alcohol or they remained close with them through their alcohol dependency. For example, Paul highlighted the tumultuous relationship he used to have with his father until his father decided to get sober.

Paul shared that there were times in his life when his father would argue with the children, which involved some verbal abuse from his father; however, once his father reached multiple years of sobriety, his relationship with his father improved. Paul shared, "You know, so um, but he was better. He wasn't, he uh, it took him a little while after he stopped drinking not to

be so angry." Through this excerpt, he indicated that his relationship with his father improved after his father was sober for several years.

Ruth shared similar experiences as Paul. She described her relationship with her father as neglectful. She stated that, though she was in the same household as her father, since alcohol was a focus for her father, he was neglectful towards her. She shared a negative disruption that occurred with her father when she was in the car:

> Like I remember one time my dad picked me up from a friend's house, and he was like clearly drunk. And like intentionally like driving recklessly and like laughing about it because he thought it was funny to be like, you know, I don't know if he was always trying to scare me or if he just thought like the, I would find the, like, reckless driving amusing or what, but it was bizarre behavior for sure.

Here Ruth described that her father was behaving recklessly while he was intoxicated. Despite these experiences, Ruth shared that, now that her father is sober, her relationships with her father improved. Ruth recalled, "But he has taken an interest in, you know, being a part of my life more recently since all of that. And he quit drinking and stuff, like we speak regularly and everything." Here Ruth shared that her relationship with her father has improved now that he is sober, despite the negative disruptions she experienced when she was younger.

Another participant, Aaron, shared that while growing up, his relationship with his father was very poor. Aaron recalled multiple experiences in which he and his father got into intense arguments while his father was intoxicated. Aaron shared, "It got to the point where there were some like, like really extra-bad fights and I sort of just like started to distance myself from my parents because I feel like they wouldn't, or like not much was gonna change." Aaron described here that negative disruptions he experienced with his father caused him to distance himself from

his father. Despite these negative disruptions, Aaron shared that his current relationship with his father is much improved:

> Um, but now like the, the relationship's getting better. Um, like his, I know his [Aaron's father's] relationship with his dad was not good at all. Um, and he is trying to not have that same thing happen, which is good.

Here Aaron demonstrated that regardless of the hardships he had with his father, his relationship is now better and that is because his father was no longer an alcoholic.

One participant shared that regardless of the negative disruptions she experienced with her father because of his alcoholism, she remained close with him – and indeed, it is because of the alcohol(ism) that negativity occurs. Hannah shared an experience where her father neglected to fulfill his fatherly roles and the impact that had on her:

> There's just been little things that I'll that I remember, I guess. Um, like, when he would suppose to be like picking me up from practice or something, and he wouldn't pick me up. Um but I've always had, I've always been close with my dad. Like I've always been like a daddy's girl. Like I get along, like, I just like connect with him. So that was really hard on me because I just wanted to be with my dad. I wanted to spend time with him.

Here Hannah described that there were times in her life where her father did not take care of her. She shared that though it may have been difficult for her, she still wanted to be with her father. Hannah demonstrated that despite the negative disruptions she experienced with her father, such as him neglecting his paternal roles, she still had a close relationship with him and wanted to keep that close relationship with her father. Hannah also shared that she wanted him to know that she supported him. She described:

He needs to work on himself, and I, umm, I was just kind of, I don't know. I'm still, I still

have a relationship with him now… so umm, before I had um, like known about his

addiction, me and my dad were very close. We when so my parents uhh, were still

together for a while when I was younger until I was like about seven, and then they umm,

broke up. But yeah. And then I would say my relationship has always remained very

strong with my dad because I have always felt like I have been the person who umm, will

support him no matter what. And even though he's made awful mistakes, I still kind of

feel obligated, not obligated, but like I know that umm he's not the same person that he is

when he is drinking. Umm but yeah, I've always had a really close relationship with

him… I do talk to him probably, uhh, every other day.

Here Hannah exhibited that she wanted to support and remain as close to her father as possible,

despite the negative disruptions she experienced. In this story type, the state of the relationship is

the focus. Rather than dwelling on the negative disruptions she experienced, Hannah made it a

point to highlight the close relationship she shared with her father. The negative disruptions were

evaluated differently by Hannah and the other participants compared to the participants in the

previous story type who chose to create distance because of the negative disruptions. The

different evaluation of the negative disruptions could be what allowed Hannah and the other

participants in this story type to maintain a relationship with their parent.

Overall, participants in this story type shared that their relationship with their alcoholic

parent was difficult at times. Participants shared instances when negative disruptions occurred

because of the alcohol abuse; however, when their parent became sober, the relationship

improved. One participant also shared that despite the negative disruptions she experienced with

her father, she remained close with him, emphasizing that the issue is illness (alcoholism), not

the individual (i.e., her father). The next section will discuss how sharing their story may or may not have helped the participants cope with or develop resiliency despite the negative disruptions they experienced.

Coping, Resiliency, and Narratives

Participants stated that sharing their story with others has helped them cope with the negative disruptions they experienced with their alcoholic parent. Although participants shared stories in the present study in an interview setting, participants explained that story sharing in general has assisted their coping by helping them not feel as alone. Naomi shared:

> I think a lot of times it makes me feel better to know that other people have had similar um similar issues and feel similarly, um you know that my story reflects another story. Um, it makes me feel less alone.

Noami shared that when she shares her story, especially with other adult children of alcoholics, it helps her cope with her difficulties because she knows she is not alone. Aaron also recounted similar feelings when sharing his story of being a child of an alcoholic. Aaron stated, "It sort of helped me feel that I was not the only person perceiving something that way." Here Aaron indicated that telling his story has helped him cope because he feels validated in the way he has perceived the negative disruptions he experienced with his father.

Other participants shared that sharing their story helped them make better sense of their feelings and corrected negative perceptions they may have had. Paul shared:

> I, I think it helps me be able to yeah to cope to, to analyze it, and realize that the feelings I may have had toward it, thinking or being told that it was my fault, um really aren't it, and don't exist any longer.

Here Paul indicated that he has been able to cope with the negative disruptions he experienced through story telling because he was able to understand how the perceptions he had about his father's alcoholism were false.

Despite many participants sharing that telling their story helped them cope, one participant shared that it did not help her cope with her negative disruptions. Mary exclaimed, "Um I think it um, well, I think it just kind of bums me out. So I have to, I have to not stay in that box." Here Mary shared that telling her story of being a child of an alcoholic made her sadder as she relived her negative disruptions. Overall, participants shared that telling their story helped them cope regardless of whether they were close or distant from their alcoholic parent; however, that was not the case for all participants.

Some participants shared that telling their story helped them be more resilient. Participants explained that they were resilient because they made sense of their negative disruptions. For example, Hannah shared:

> I think talking about it out loud with um more like when I'm talking about it with my therapist or someone who knows a lot about it um definitely helps because it makes me realize things that I might not have known before um and kind of helps me come to terms with what is actually going on.

Here Hannah indicates that she has adapted to her father's alcohol dependency as she has talked to people and has come to an understanding of what is going on with her father and his alcohol dependency which is a key aspect of resiliency. Through her understanding she adapted to her father's alcohol dependency which demonstrates that she has developed resiliency.

Naomi also shared that she feels that she has become more resilient as she has shared her story of her experiences with her alcoholic father. Naomi shared, "Um, makes me feel a little bit

more resilient. Like, yes I did survive some um, some pretty intense moments for sure and um that has shaped me." Naomi demonstrates here that as she shares her story it helps her realize that she has bounced back and was able to withstand the difficulties she experienced despite the negative disruptions she had endured with her father. Overall, participants shared that through storytelling they were able to realize how much they endured and how they have overcome the difficult experiences they had with their alcoholic parent, regardless of their current relational state with their parent.

In sum, this chapter discussed the two different story types that demonstrated how close or distant participants were from their alcoholic parent. The participants through their stories shared the various reasons they chose to remain close or distance themselves from their parent. Interestingly, participants that stayed close with their alcoholic parent shared that the main reason they chose to remain close with their alcoholic parent was because the parent chose to get sober. Participants who chose to distance themselves from their parent saw distancing as the best way to handle the negative disruptions they experienced. Many participants also shared that they believed that sharing their story of being an adult child of an alcoholic did help them cope and develop resiliency because it helped them feel less alone and adapt despite the negative disruptions they experienced.

CHAPTER IV: DISCUSSION

The purpose of the present study was multifaceted. First, the study aimed to explore the various story types adult children of alcoholics tell about their experiences with their alcoholic parent(s). A second goal was to explore how narration did or did not help adult children of alcoholics' cope or develop resiliency in light of their (negative) experiences with an alcoholic parent. Overall, the two main story types emerged from the data set were distance due to alcoholism and closeness despite alcoholism. The main distinction between these two story types was that participants in the first story type decided to distance themselves because of the alcoholism, while the participants in the second story type chose to remain close to their parent despite the alcohol and/or because the parent chose to refrain from using alcohol. Overall, both story types display instances of negative disruptions because individuals sense-make the disruptions that occur in their lives, not the normalcies that occur (Becker, 1997). The reason participants in the first story type chose to distance themselves from their parents could be because of how the participants made sense of and then framed the negative disruptions they experienced.

Participants in the first story type blamed their parents for the negative disruptions, even though alcohol played a major factor. Participants shared that the way their parents acted and treated them while intoxicated is what ultimately ruined their relationship with their parent. Participants did not like who their parent inherently was while they were intoxicated. Although the negative disruption was a result of the alcohol, for participants in the first story type, the parent was ultimately the problem, thus leading to the distance created between the participant and their alcoholic parent. Each participant experienced some form of estrangement from their parent. Scharp (2019) characterized estrangement on a continuum, meaning that distance from

the parents and their children may occur at varying degrees for various reasons. The distance

between the participants and their parents varied. When an estranged individual experiences hurt

from their parent, the hurt is often long-lasting, which makes it difficult for the parent-child

relationship to be mended (Scharp & Thomas, 2016). The participants recounted various

negative experiences with their parent that damaged their relationship with their parent.

Participants in the second story type blamed the alcohol primarily as the problem within

their relationship with their parents, which allowed the participants to remain close with their

parent. These participants isolated the alcohol as the problem rather than blaming the parent for

the negative disruptions they experienced. Since the participants did not blame their parent for

the negative disruptions, they were able to salvage their relationship with their parents despite

the negative experiences they may have had. Scharp et al. (2015) found in their study of the

backstories of estranged individuals that some of their participants attributed their estrangement

to outside sources, rather than the parent themselves, which made it easier in the end for

participants to have a relationship with their parent. Similar to Scharp et al.'s (2015) findings,

participants in the present study attributed the disruptions they experienced to their parent's

alcohol dependency, which helped participants remain close to their alcoholic parent regardless.

The stories within the second story type are all focused on the relationship rather than the parent

themselves. This finding is related to family systems theory because, as Yoshimura and Galvin

(2017) posited, families are like systems so families of alcoholics adapt to the negative

disruptions experienced, which may allow participants to remain close with their parent.

Interestingly, participants in this study did not share instances where they discussed the

negative disruptions they experienced with other family members. This finding lines up with

Black's (2020) *don't talk rule* that often results in alcoholic families. The participants in this

study may have felt like they were unable to talk about their difficulties because they did not want to create more difficulties for themselves if their alcoholic parent were to find out they were talking about the difficulties the alcoholic parent caused. Participants were not asked specifically if they discussed negative disruptions with other family members which could also explain why participants did not talk to other family members.

One participant also shared that they were required to take care of their sibling because of their parent's alcohol dependency. This finding adds to the research complied regarding the parentification that often occurs in alcoholic families. When one or both parents have an alcohol dependency problem, the children are often left to fend for themselves (Kelley et al. 2010). When a child has siblings and they both must take care of themselves, often it leads to one of the siblings taking care of the other siblings (Kelley et al., 2010), which is what participants reported in the present study.

Another finding was the neglect some participants experienced because of their parent's alcohol dependency. One participant discussed that they at times had no idea what they were going eat or where they were going to sleep because their parent had completely abandoned them. Previous research has found that neglect is a common experience among children of alcoholics when their parent is in the depths of their alcohol dependency (Alexander 2003; Haverfield, 2016; Steinglass et al., 1987). Overall, most participants did not indicate that they were neglected by their alcoholic parent. This also is an interesting finding because neglect is a common occurrence when one or more parents have an alcohol dependency problem. The parent who is alcohol dependent is primarily focused on their alcohol and ensuring that they get their next drink (Kelley et al., 2010). Then, if one parent is sober, they often must take care of the alcoholic parent which then results in neglect of the children involved (Zelvin, 2004).

Theoretical Implications

Communicated-Narrative Sense-Making Theory is more quantitative in nature and has been used in multiple quantitative studies (e.g., Flood-Grady & Koenig Kellas, 2019; McAdams, 2006; Trees & Koenig Kellas, 2009)., in the current study, it was used qualitatively. This study provided a use of retrospective storytelling by using the rich retrospective stories to address participants' well-being. Participants in the present study reflected that as they have shared their story of being a child of an alcoholic, they believe they have coped more with the negative experiences they have endured. The main facet of CNSM theory is that storytelling improves well-being. What this means is that when individuals share their stories regarding their negative life experiences, they are more likely to improve in areas of overall well-being.

Participants anecdotally reported increased levels of coping as they have continued to share their stories which supports CNSM theory. Interestingly though, most participants do not believe that they are more resilient after sharing their story. Zatura (2009) posited that when an individual has worked through a negative experience, they have coped with it; however, to become resilient despite negative experiences, an individual must possess long-term, positive feelings. Since most of the participants in the study indicated that they were distant from their parents, they may not share positive feelings towards their parents which could indicate that individuals may have coped with their difficulties but have not become resilient. Overall, this study adds to the growing number of studies using CNSM by using the theory in a qualitative lens.

Methodological Implications and Study Limitations

This study does not come without some limitations, a number of which are related to method. The main limitation was that saturation was not achieved. The second and third research

questions were originally quantitative but were modified to provide preliminary insights due to the small sample size. Though few participants shared very similar experiences, I was not able to consistently hear the same thing over and over because of the small sample size, which was another limitation of this study. Though the overall goal of this study was not to generalize the experiences of adult children of alcoholics, the small sample size was still problematic. This sample only revealed two story types, however, if more stories were accounted for, more story types may have emerged. Another limitation that could have also impacted the number of story types that emerged was the homogeneity of the sample. Of the nine participants, seven reported being Caucasian. Garnering a diverse sample could provide different experiences and story types since all families are diverse in nature.

Another limitation of the study was regarding the nature of subject at hand. Alcohol abuse within families is a sensitive subject. Individuals may have not felt comfortable participating in the study because they have not made sense of the negative disruptions that they experienced being a child of an alcoholic. Since those who may have not made sense of their experiences may not have participated, their ability to cope and be resilient may differ compared to those who participated in the present study. Along this same vein, because I am a mandated reporter and some of the participants included students, stories may have not included all the negative disruptions participants experienced. Participants may not have shared instances of abuse because they did not want themselves or their parents to be reported.

Practical Implications

Despite some limitations, this study nonetheless provides practical implications. As mentioned in the first chapter, adult children of alcoholics experience long term effects of parental alcohol dependency issues (Hall & Webster, 2007; Haverfield, 2016; Haverfield et al.,

2016; Kelley et al., 2010). Story narration is a possible avenue therapists and other mental health professionals could consider using to aid adult children of alcoholics in working through the negative disruptions they experienced. This data and preliminary findings indicate there are benefits of story narration for adult children of alcoholics.

This data set indicated that one way story narration helped participants to cope was by helping them not feel alone. This finding shows the power that could be in Al-Anon and similar programs. Individuals who attend Al-Anon and hear others share their story while sharing their own may also help them feel less alone. This finding indicates the need for support group attendance to be more discussed because of the benefits it can have on the adult child of an alcoholic.

Future Research

There are a few avenues for future research. Future research could include a quantitative approach using CNSM and measure the level of coping and resiliency adult children of alcoholics' experience. This would allow for more participants, which could conclude with more generalizable results. Future research could also include children who are currently in a home with an alcoholic parent. Since they are currently experiencing the effects of the alcohol, their ability to sense-make may be different compared to those who have not been living with the alcoholic parent for several years. Another avenue for future research could include exploring adult children of alcoholics' level of coping and resiliency in those who attend Al-Anon meetings where children of alcoholics can go to discuss what they have experienced with their alcoholic parent. These children may have higher levels of coping and more specifically resiliency compared to those who do not share about their experiences often because they may hold more positive feelings after sharing their stories on multiple occasions.

Conclusion

Though the sample size for this study was small, the results of this study provide valuable insights into the implications parental alcohol dependency has on their children and their relationship with their children. Using CNSM theory as my framework, I was able to explore how adult children of alcoholics used retrospective storytelling to make sense of the negative disruptions they experienced with their alcoholic parents. I discovered that participants often made sense of their disruptions in negative ways; however, that did not mean their relationship with their parent was always negative. This study also added to the growing body of research using CNSM theory by indicating that story telling does in fact improve overall well-being.

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APPENDIX A: NARATIVE INTERVIEW GUIDE

Thank you so much for being willing to meet with me and share your experiences with me. The purpose of this study to understand your experiences with your alcoholic parents and how these experiences has impacted you. I want you to share your story regarding your experience. Please share as much or as little as you would like. My job as a researcher in this conversation is to learn as much about your experience as you are willing to share with me, so feel free to share a lot! At any time we can stop or if you do not feel comfortable sharing, you do not need to share. (If ISU students, warn students that you are a mandated reporter so if they share any instances of abuse or neglect, I will have share it). Take as much time as you need to reflect on your experiences. I will not interrupt you at any time during your story. This is your opportunity to share your story in its entirety. My purpose will be to listen and potentially take some notes. I will be recording our interview upon your consent to enable me to provide you my undivided attention and to allow me to refer to our time together at a later time. After you provide me your story, upon your consent, I will ask a few follow-up questions. What questions do you have before we begin?

Narrative interview prompts (semi-structured, to allow for conversation)

- Tell me your story about your experiences being a child of an alcoholic. Please go back as far as you'd like, and take as much time as you need, to share your story.
  - If you need more prompts to tell:
    - How did you first know when your parent was an alcoholic?
      - Tell me what happened
    - Can you describe a typical interaction with your parent?

- What was your relationship like with your parents when you were younger and they were an alcoholic?

- How is your relationship/connection with your parents now?

- Can you think of any turning points (times you felt more close or less close, times when your relationship changed) in your relationship with your alcoholic parent?

- Talk about your whole family- your parents, siblings, anyone who has been impacted by the alcoholic parent

- What would you say is your typical family type? (pluralistic- , laissez-faire-, consensual-, and protective-)

- For someone dealing with an alcoholic parent, what is some advice you would offer them?

- How often do you tell your story about being a child of an alcoholic?

- Is the story you told me the story you typically tell everyone?

  - Why or why not?

  - How does this story differ if it is not the one you typically tell everyone?

- Do you think talking about your story and your experiences has helped you cope ("the use of communicative and psychological strategies to help individuals cognitively and behaviorally work through difficult life experiences")?

  - Why or why not?

- Do you think that talking about your story has help you develop resiliency ("the ability to withstand, bounce back, adapt, and move forward positively after experiencing psychological obstacles, challenges, tragedies, or disasters")?
  - Why or why not?

APPENDIX B: QUALTRICS SURVEY

1. Do you consent to participating in this survey?

   a. Yes

   b. No (exit the survey)

2. Please enter your birth month number and your birthday (ex. 0327). This will be used to
   link your interview answers with the answers you provide on this survey.

   a. Text box

Coping Scale

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the

Brief COPE. *International Journal of Behavioral Medicine*, *4*(1), 92.

https://doi.org/10.1207/s15327558ijbm0401_6

The following questions ask how you have sought to cope with a hardship in your life. Read the

statements and indicate how much you have been using each coping style.

(1= I haven't been doing this at all, 2= A little bit, 3= A medium amount, 4= I've been doing this

a lot)

1. I've been turning to work or other activities to take my mind off things.

2. I've been concentrating my efforts on doing something about the situation I'm in.

3. I've been saying to myself "this isn't real."

4. I've been using addictive behaviors or substances to make myself feel better.

5. I've been getting emotional support from others.

6. I've been giving up trying to deal with it.

7. I've been taking action to try to make the situation better.

8. I've been refusing to believe that it has happened.

9. I've been saying things to let my unpleasant feelings escape.

10. I've been getting help and advice from other people.

11. I've been using alcohol or other drugs to help me get through it.

12. I've been trying to see it in a different light, to make it seem more positive.

13. I've been criticizing myself.

14. I've been trying to come up with a strategy about what to do.

15. I've been getting comfort and understanding from someone.

16. I've been giving up the attempt to cope.

17. I've been looking for something good in what is happening.

18. I've been making jokes about it.

19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.

20. I've been accepting the reality of the fact that it has happened.

21. I've been expressing my negative feelings.

22. I've been trying to find comfort in my religion or spiritual beliefs.

23. I've been trying to get advice or help from other people about what to do.

24. I've been learning to live with it.

25. I've been thinking hard about what steps to take.

26. I've been blaming myself for things that happened.

27. I've been praying or meditating.

28. I've been making fun of the situation.

Brief Resilience Scale (BRS)

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, *15*(3), 194-200.

1= (strongly disagree), 2= (disagree), 3= (neutral), 4= (agree), 5= (strongly agree

1. I tend to bounce back quickly after hard times.
2. *I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. *It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. *I tend to take a long time to get over setbacks in my life.

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

Participant Demographics

1. What is your sex assigned at birth?

    a. Male

    b. Female

    c. Intersex

    d. Other

    e. Blank

    f. I prefer not to say

2. What is your age?

    a. Ratio

3. What is your ethnicity?

    a. American Indian, Alaska Native, and/or Indigenous

    b. Hispanic

    c. Black or African American

    d. Asian or Asian American

    e. Southeast Asian

    f. Arab American, Middle Eastern, or North African

g. Native Hawaiian or Other Pacific Islander

h. White/ European American

i. Mixed race

j. Other

k. Blank

l. I prefer not to say

Family Dynamics Demographics

1. How many siblings do you have?

   a. Ratio

2. How old are your parents?

   a. Mom

   b. Dad

3. Are your parents married?

   a. Yes

   b. No

   c. I prefer not to say

4. Which parent is alcohol dependent?

   a. Mom

   b. Dad

   c. Both

5. Has the alcoholic parent ever been in outpatient rehab?

   a. Yes

   b. No

   c. I do not know

6. Has the alcoholic parent ever been in inpatient rehab?

   a. Yes

   b. No

   c. I do not know

7. Is your parent a recovering alcoholic?

   a. Yes

      i. How many years

b. No

      i. How many years have they been an alcoholic?

      ii.

8. How many drinks would you estimate that your parent drinks a day?

    a. Ratio